



## Change of Address Form

**Have you moved?** If your address has changed, please complete and return this form to Basic Health. You also need to notify the U.S. Postal Service of your address change.

Subscriber Name
Subscriber I.D. Number

OLD Address		Apt./Unit Number
City	State	ZIP + 4
OLD Phone	County of Residence	
Mailing Address (if different)		Apt./Unit Number
City	State	ZIP + 4



NEW Address		Apt./Unit Number
City	State	ZIP + 4
NEW Phone	County of Residence	
Mailing Address (if different)		Apt./Unit Number
City	State	ZIP + 4

### Signature Required

Subscriber's Signature
Date

**Mail to:** Basic Health, P.O. Box 42683, Olympia, WA 98504-2683